Town of Bedford

Historic Building Project Information Form

Tier 2: Contributing Properties

To be completed by Applicanhts for any permit or approval affecting a Tier 2 Historic Building. This form must be signed by both the Property Owner and Design Professional, if applicable. Owner Address Tel.# Applicant _____ Address ____ Tel.# ____ Architect/Engineer Address Tel.# Builder Address Tel.# Primary email contact: ______ Building is located at ______ Section Block Lot Town of Bedford Assessment Map Proposed work affecting a Tier 2 property that meets the definition of **Demolition** below will be referred to the HBPC for review. Part I: Demolition 1. Does the project involve destruction, disassembly, replacement or relocation of more than 50% of the total exterior wall surface or more than 50% of the total structural frame of a Historic Building? yes no 2. Will the project result in the above described condition, considered together with all cumulative actions of the past five years? ____ yes ____ no SCOPE OF WORK AFFIDAVIT: This affidavit must be signed by the property Owner, and must be signed and sealed by the Design Professional, or, if no Design Professional is required for the project, by the licenced Builder. do hereby affirm and certify as follows: (i) I am (check one) an \Box architect / □ engineer licenced by the State of New York, or a □ Contractor licensed in Westchester County; (ii) I have reviewed the plans, drawings and specifications for this application and am fully familiar with the proposed construction; and (iii) the answers provided in this form accurately describe

Inspector and submit a new Historic Building Project Information Form.		
Signature	Date:	Sign and Affix Seal:
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I hereby certify that the statements and daknowledge and belief.	ata on this form are co	rrect and true to the best of my
Signature of Property Owner:		Date:

the work to be performed. Should the scope of work change, I will immediately notify the Building